

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP -5 PM 2:12

DOCUMENT # ~~94-97~~ P94000072651  
Leoci & Meisenberg, P.A.  
~~W97 000019940~~

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2256 Heitman Street, Fort Myers, FL 33919  
Mailing Address: same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida: 1995  
5. FEI Number: 65-0210551  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.T.D	Jay F. Meisenberg	2256 Heitman Street	Fort Myers, FL 33901
V.S.D	Deborah E. Leoci	2256 Heitman Street	Fort Myers, FL 33901

REINSTATEMENT 96-97  
5L 9-8-97

8. Name and Address of Current Registered Agent  
9. Name and Address of New Registered Agent  
Name: Jay F. Meisenberg  
Street Address: 2256 Heitman Street  
City: Fort Myers, State: FL, Zip Code: 33901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: [Signature]  
Date: 7/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Deborah E. Leoci  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 7/7/97  
Daytime Phone #: 941-337-5700

CPRE040 (12/96)